

Fire/smoke barrier penetration permit

**[Your facility's name]
Fire/smoke barrier penetration permit**

This permit is required for any penetrations to smoke barriers, or one- or two-hour rated fire barriers throughout [your facility's name].

Date: _____

Building: _____

Floor: _____

Area/department: _____

Nature of work being done: _____

Describe nature of penetration: _____

New penetration

Reopening of existing penetration

Comment: _____

Work is being done by:

Employee _____ Contractor _____

Time started: _____

Time ended: _____

Type of fire barrier:

Smoke barrier

One-hour fire barrier

Two-hour fire barrier

Permission is granted to perform this work by:

Facility's representative or designee

Date

Final inspection completed by:

Facility's representative or designee

Date

Issues identified during inspection:

Attach all documentation of penetration locations (e.g., prints and diagrams) to this permit when returning it to facilities/engineering.

Source: Interim Life Safety Measures Made Easy, HCPPro, Inc.